PART B - FEE(S) TRANSMITTAL Omplete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents SEP 0 1 2005 P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000 or <u>Fax</u> VISTRUCTIONS: First form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All other correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated through 5 should be completed where appropriate corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 06/15/2005 7590 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. Medtronic, Inc. 710 Medtronic Parkway NE MS-LC340 Brecht Minneapolis, MN 55432 (Signature) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/982,299 10/16/2001 Timothy R. Ryan M190.137.101 7830 TITLE OF INVENTION: ANNULOPLASTY BAND AND METHOD APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$1700 09/15/2005 **EXAMINER** CLASS-SUBCLASS ART UNIT MATTHEWS, WILLIAM H 3738 623-002110 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1 Tom Berry (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Jeffrey J. Hohenshell (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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09/02/2005 CNFIJYFN1 00000081 1.32546 09982 09/02/2005 CNGUYEN1 00000081 132546

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY) 01 FC: 1501

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Please check the appropriate assignee category or categories (will not be	printed on the patent):
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):
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Advance Order - # of Copies	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number $13-2546$ (enclose an extra copy of this form).
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
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Authorized Signature	Od 1 lelu	Date August	26,2005
Typed or printed name	Jeffrev J. Hohenshell	Registration No	34,109
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

ISSUE FEE TRANSMITTAL

In re Application and Method

For: Annuloplasty Band and Method

Serial No.: 09/982,299 Filed: 10-16-2001

CERTIFICATE UNDER 37 CFR §1.8 I hereby certify that this ISSUE FEE TRANSMITTAL AND TRANSMITTAL and the paper(s), as described herein are being deposited with the United States Postal Service, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 3044 day of ________, 2005.

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- Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefor to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time and charge same to Deposit Account 13-2546.
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August 26, 2005

Atty: Jeffrey J. Hollenshell

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